|  |  |
| --- | --- |
| **Referring professional details** | |
| Name: | Team: |
| Location where you support client: | Contact number: |
| Role: | Email address: |
| **Eligibility criteria (please tick)** | |
| Client lives in Catalyst Housing | |
| Client lives in A2 Dominion Housing | |
| Low Level to Moderate Level Mental Health need | |
| Lives in Hammersmith & Fulham, Ealing or Hounslow | |
| Over 18 | |
| **Consent** | |
| If no, has the client consented to the referral?  Yes  No | |
| **GP Details** | |
| Name of Surgery:  Name of GP:  Address:  Phone Number:  Email Address: | |
| **Client details** | |
| Title: | Full name: |
| Date of birth: | Mobile no: |
| Address: | Landline no: |
| Postcode: | Email: |
| Mental health conditions: | Physical health conditions: |
| Does the client have any dependents?  Yes ☐ No ☐  If yes, how many dependents does the client have?  How old is each dependent? | |
| Can client be seen alone?  Yes  No | |
| **In the space below, please briefly summarise the state of the client’s mental health at the time of referral and any risk factor that the Mind My Home team should be aware of:** | |
|  | |

**Equal Opportunities**

**If you have completed this referral on behalf of someone else due limited communication or lacking capacity around these questions, please indicate:**

Yes   
No

|  |  |
| --- | --- |
| **I identify as:** | **How would you describe your sexuality:** |
| Prefer not to say  Male  Female  Non-Binary  Transgender  Other | Prefer not to say  Lesbian  Gay  Heterosexual  Bisexual  Questioning  Not known  Other |
| **Please describe your religious beliefs:** | **Do you consider yourself to have any of the follow:** |
| Prefer not to say  Buddhist  Christian  Sikh  Hindu  Muslim  Jewish  Any other religion  No religion  Not known | Prefer not to say  Mental ill health  Physical disability  Cognitive impairment  An acquired brain injury  An acquired brain injury  A learning disability  Asperger’s/Autistic Spectrum  Dementia/Alzheimer’s  Sensory impairment  Not known |
| **Please describe your ethnic origin/background:** | |
| Prefers not to say   Ethnicity not known | **Other Ethnic Group:**  Arab   Any other ethnic group (specify) |
| **White:**  English/Welsh/Scottish/Northern Irish   Irish   Irish Traveller or Gypsy   Any other white background (please specify) | **Mixed Ethnic Groups:**  White and Black Caribbean   White and Black African   White and Asian   Any other mixed background (please specify) |
| **Asian/Asian British:**  Indian   Pakistani  Bangladeshi  Chinese   Any other Asian background (please specify) | **Black/Black British**  African   Caribbean  Any other Black/African/Caribbean background (specify) |